



COMMUNITY DEVELOPMENT
PITTSBURG PUBLIC HOUSING
603 N. PINE · Pittsburg KS 66762

(620) 232-1210
www.pittks.org
FAX: (620) 232-3453

EMERGENCY REHABILITATION PROGRAM

NAME: _____

To process your application for the Emergency Rehabilitation Program, please attach the following documents to submit your application.

- _____ Application
- _____ Copy of Warranty Deed or Contract of Sale
- _____ Copy of Most Recent Tax Receipt
- _____ Proof of Property Insurance or I do not have property insurance
- _____ Verification of Income

Verified Income: _____ Eligibility Income: _____

_____	City Inspection and Picture of Repair with Recommendation
_____	Documents signed and Mortgage filed
_____	Bills Presented to office by contractor (Amount: \$_____)
_____	CAB Review

DATE STAMP:

Staff Initials: _____

INCOME GUIDELINES (50% of area median income for 2013)

Very Low (50%) Family Maximum	
Size	Income
1	\$19,350.00
2	\$22,100.00
3	\$24,850.00
4	\$27,600.00
5	\$29,850.00
6	\$32,050.00
7	\$34,250.00
8	\$36,450.00

City of Pittsburg Emergency Rehabilitation Loan Program

Applicant Name _____ Applicant SS# _____

Address _____

Home Phone _____ Work Phone _____

Mortgage: YES NO

Contract of Sale: YES NO

YEARS AT THIS ADDRESS: _____

Mortgage Holder: _____

Mortgage Holder Address: _____

Balance: \$ _____ #of years on balance: _____

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LIST ALL HOUSEHOLD MEMBERS – START WITH YOURSELF

NAME	RELATIONSHIP	INCOME	SOURCE	AGE	SEX

ITEMS IN NEED OF REPAIR (LIST IN PRIORITY)

1.	
2.	
3.	
4.	

I certify that all information is correct to the best of my knowledge. If the application is approved, I authorize rehabilitation to be done under this project and will provide access to my property, as required, by the rehabilitation personnel.

Date _____ Applicant _____

WAIVER OF LIABILITY

I hereby release the City of Pittsburg, Kansas, from any and all claims of Liability arising from the Emergency Rehabilitation Program.

Date _____ Signed _____

INCOME AND/OR BENEFIT SOURCES

RECEIVED BY YOU OR ANY HOUSEHOLD MEMBER

Check all that apply	Received by:	Amount Mo/Wk/Hr	Name of agency/employer
<input type="checkbox"/> TANF (SRS)			
<input type="checkbox"/> General Assistance (SRS)			
<input type="checkbox"/> Child Support or Alimony			
<input type="checkbox"/> Social Security			
<input type="checkbox"/> SSI			
<input type="checkbox"/> Wages from Employment			
<input type="checkbox"/> Unemployment Benefits			
<input type="checkbox"/> Worker's Compensation			
<input type="checkbox"/> Child Care Business			
<input type="checkbox"/> Net Income from a Business			
<input type="checkbox"/> Odd Jobs			
<input type="checkbox"/> Pension or Trust Funds			
<input type="checkbox"/> Military Pay/VA Benefits			
<input type="checkbox"/> Student Financial Aid			
<input type="checkbox"/> Regular Contribution or Gifts (Money given to you by someone)			
<input type="checkbox"/> Other, Explain:			
<input type="checkbox"/> NO BENEFITS OR INCOME			

SIGNATURE OF ADULT REPRESENTATIVE

DATE